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UNCLAS SECTION 01 OF 02 HANOI 002973

SIPDIS

FOR CA/OCS/ACS/EAP; EAP/EX; EAP/BCLTV
BANGKOK FOR RMO, CDC (JTAPPERO), AID
BEIJING FOR HHS (CSHAPIRO)
STATE PASS HHS/OGHA ERIKA ELVANDER
STATE PASS AMEMBASSY BANGKOK/JORDAN TAPPERO
STATE PASS AMENBASSY BEIJING/ CRAIG SHAPIRO
USDA FOR FAS/PASS TO APHIS

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [VM](#) [AFLU](#)

SUBJECT: AVIAN FLU, in Viet Nam, FALL 2004 (AI)

1. (U) Summary. Poultry flocks in South East Asia, continue to be infected with highly pathogenic Avian Influenza A Subtype H5N1 (AI) with sporadic reports of human fatalities both in Vietnam and Thailand. As the weather cools and the humidity drops, the viability of the influenza virus improves, such that the virus may remain active in the environment for a longer period of time. Therefore, there is still a threat for a severe outbreak of AI among poultry. In addition, as long as people are in contact with live poultry, some of which may have an unapparent AI infection, the chance of human cases of AI remains of concern. Avoidance of poultry markets, good hand-washing practices, kitchen sanitation and thorough cooking of poultry and eggs are common sense practices to follow. End Summary.

2. (U) In Vietnam, and likely most of Southeast Asia, highly pathogenic AI, subtype H5N1 is endemic and is circulating in the native and domesticated bird populations. In many of the domesticated poultry populations, particularly chickens, AI causes severe illness and death. It is highly transmissible in flocks through the respiratory tract via droplets or feces. Ducks appear not to have overt symptoms, but are capable of shedding high virus loads through feces. Highly pathogenic viruses can survive for long periods in the environment, especially when temperatures and humidity are lower.

3. (U) The Ministry Of Agriculture and Rural Development continues to report destruction of poultry attributed to AI infection throughout Vietnam. The majority of the destruction is occurring in the southern provinces, although there are reports from provinces in the north and in the middle of the country.

4. (SBU) Recently, there have been public disagreements between local media reports and GVN officials. Several reports indicate fresh flare-ups of AI in southern Vietnam but the GVN refuted the reports. This is unusual for a country that has a controlled press. It indicates there is uncertainty as well as unanswered questions concerning the occurrence of AI infection.

5. (U) Since December 2003, Vietnam has reported 27 confirmed human cases of AI. Twenty have died. Twenty-three cases occurred between December 2003 and March 2004. All of the cases were under the age of 30, and approximately equally divided between males and females.

6. (U) Seroprevalence studies of the general population for antibodies to subtype H5N1 have not been conducted in Vietnam. Therefore, it is not known how many individuals have been infected but whose condition did not become severe enough to be hospitalized, or, if hospitalized, were not recognized as AI. Such studies, while important, may not be feasible in Vietnam given limited laboratory capacity to handle large numbers of samples.

7. (SBU) Evidence suggests very limited human-to-human transmission of AI. Public health professionals suspect transmission may be occurring only through close, sustained contact with an infected individual. Two of five confirmed family clusters suggest that transmission occurred not from exposure to infected birds but, most likely, to an infected individual. However, studies of health care workers who cared for confirmed AI hospitalized cases suggest no infection of the health care workers occurred. Thus, statements recorded in the press, as 'no evidence of human to human transmission' should be regarded as optimistic, not factual.

8. (SBU) According to scientists from the Influenza Branch at the U.S. Centers for Disease Control and Prevention (CDC), samples received from the Ministry of Health through summer 2004 indicated that the AI virus is stable and not mutating or resorting to a more transmissible form for humans. However, this does not mean that resortment at a future date will not happen.

9. (SBU) Although the World Health Organization (WHO) reports that most suspected human cases of AI are reported to WHO, there appears to be some delay between suspicion of a diagnosis and confirmation and release of the confirmation. WHO reports that diagnostic capacity of health care providers is limited to Hanoi and Ho Chi Minh City and there is no systematic laboratory confirmation of suspected cases at the National Institute for Hygiene and Epidemiology (NIHE) in Hanoi or the Pasteur Institute in Ho Chi Minh City. This limited capacity and lack of standardized diagnostic and laboratory confirmation seriously discount the value of the available information to increasing the understanding of the breadth and depth of human AI infections in Vietnam.

10. (U) The CDC continues to caution travelers to avoid visiting poultry farms and poultry markets, eat only well-cooked poultry and eggs, and to avoid touching surfaces that may have been contaminated by uncooked or live poultry. Good public health practice also advises regular hand washing with soap and water or alcohol-based hand washes.

11. (U) In summary, as the weather cools and the humidity drops in the northern provinces of Vietnam, the viability of the AI virus improves, such that the virus may remain active in the environment for a longer period of time. As a result, there is still a threat for a severe outbreak of AI among poultry. In addition, as long as people are in close contact with live poultry, some of which may be inapparently infected with AI, the chance of human cases of AI remains of concern.

MARINE